

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/552,562-Conf. #2564
	Filing Date	October 11, 2005
	First Named Inventor	Ljubomir Antoncic
	Art Unit	1621
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	21388/0209170-US0

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:
☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

OR

☐ Firm or
Individual Name

Address

City

Country

State

Zip

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record

Signature

Name

Ljubomir Antoncic

Date

26.03.2008

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 3 forms are submitted.

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	Art Unit	1621
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	21388/0209170-US0

I hereby revoke all previous powers of attorney given in the above-identified application.

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OR

☒ I hereby appoint the practitioners associated with the Customer Number: 07278
☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number: 07278

OR

☐ Firm or
Individual Name

Address

City

Country

State

Zip

Telephone

Email

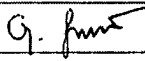
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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
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SIGNATURE of Applicant or Assignee of Record

Signature



Name

Gorazd Sorsak

Date

14-03-2008

Telephone

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OR

☒ I hereby appoint the practitioners associated with the Customer Number: **07278**
☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number: **07278**

OR

☐ Firm or
Individual Name

Address

City

Country

State

Zip

Telephone

Email

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SIGNATURE of Applicant or Assignee of Record

Signature

Name

Anton Copar

Date

14. 03. 2008

Telephone

+386-1-7217-370

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